

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395465	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/11/2023
NAME OF PROVIDER OR SUPPLIER: CEDARBROOK SENIOR CARE AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE: 350 SOUTH CEDARBROOK ROAD ALLENTOWN, PA 18104		
STATE LICENSE NUMBER: 550102					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
F 0000	INITIAL COMMENT	F 0000			
F 0676	Based on a Medicare/Medicaid Recertification survey, State Licensure survey, Civil Rights Compliance survey completed May 11, 2023, it was determined that Cedarbrook Senior Care and Rehabilitation was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0676			
SS=D					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0676 SS=D	Continued from page 1 483.24(a)(1)(b)(1)-(5)(i)-(iii) Activities Daily Living (ADLs)/Mntn Abilities §483.24(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that: §483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section ... §483.24(b) Activities of daily living. The facility must provide care and services in accordance with paragraph (a) for the following activities of daily living: §483.24(b)(1) Hygiene -bathing, dressing, grooming, and oral care, §483.24(b)(2) Mobility-transfer and ambulation, including walking, §483.24(b)(3) Elimination-toileting,	F 0676	1- R283 RNP status reviewed and updated. 2- Current residents on RNP ambulation will be reviewed for completion. 3- Director of Education Services or designee will ensure education of nursing staff for the completion and documentation of RNP ambulation. 4- Director of Nursing or designee will ensure random audits of residents with RNP for ambulation to ensure documentation is completed. The audits will be done weekly x4 then monthly x2. Results of the audits will be reviewed by the QAPI committee.	Completion Date: 06/28/2023 Status: APPROVED Date: 05/23/2023	

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F 0676 SS=D	Continued from page 2 §483.24(b)(4) Dining-eating, including meals and snacks, §483.24(b)(5) Communication, including (i) Speech, (ii) Language, (iii) Other functional communication systems. This REQUIREMENT is not met as evidenced by:	F 0676			

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F 0676 SS=D	Continued from page 3 Based on clinical record review and resident interview, it was determined that the facility failed to provide necessary care and services to improve or maintain activities of daily living (walking) for one of 36 sampled residents. (Resident 283) Findings include: Clinical record review revealed that Resident 283 had diagnoses that included ambulatory dysfunction. According to the Minimum Data Set assessment dated April 19, 2023, the resident had no memory problems and required assistance from staff to walk. There was a physician's order dated April 18, 2023, that staff provide nursing rehabilitation for ambulation using a walker and assistance of two staff. In a discharge summary dated April 25, 2023, the physical therapist recommended the continuation of a restorative nursing program for ambulation (walking). Review of the clinical record revealed a lack of documentation to support that the resident was offered nursing assistance to walk following discharge from physical therapy. During an	F 0676			

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F 0676 SS=D	Continued from page 4 interview conducted on May 10, 2023, at 1:30 p.m., Resident 283 reported that nursing assistance for walking had not been offered since his discharge from therapy. In an interview on May 11, 2023, at 11:46 a.m., the Assistant Director of Nursing (ADON 2) confirmed that there was a lack of evidence that Resident 283 had been offered restorative ambulation services after April 25, 2023. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.	F 0676			
F 0685 SS=D		F 0685			

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F 0685 SS=D	Continued from page 5 483.25(a)(1)(2) Treatment/Devices to Maintain Hearing/Vision §483.25(a) Vision and hearing To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility must, if necessary, assist the resident- §483.25(a)(1) In making appointments, and §483.25(a)(2) By arranging for transportation to and from the office of a practitioner specializing in the treatment of vision or hearing impairment or the office of a professional specializing in the provision of vision or hearing assistive devices. This REQUIREMENT is not met as evidenced by:	F 0685	1- R222 with documentation on 3/20/23, "Patient voices no concerns at this time with vision." R22 was seen by her physician on 4/14/23 with no changes in vision. R22 was seen by the optometrist on 5/11/23 with lenses intact and recommendation for glasses for part time use. No new orders. 2- Initial audit for residents' vision appointments to ensure they were completed. 3- Director of Education Services or designee will provide professional nursing and clinic dept education to ensure that appointments for vision and hearing are completed. 4- Random audits will be completed with vision services to ensure follow up with scheduled appointments, monthly x3. Results of the audits will be reviewed by the QAPI committee.	Completion Date: 06/28/2023 Status: APPROVED Date: 05/23/2023	

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F 0685 SS=D	<p>Continued from page 6</p> <p>Based on clinical record review, observation, and resident and staff interview, it was determined that the facility failed to ensure each resident received timely treatment and services to maintain visual abilities for one of 36 sampled residents. (Resident 222)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 222 had diagnoses that included diabetes and hypertension. Review of the Minimum Data Set assessment, dated March 9, 2023, revealed that the resident had vision problems and needed corrective lenses. Review of the care plan revealed that the resident had a potential for falls due to visual impairment and staff was to provide the resident with eyeglasses.</p> <p>On May 9, 2023, at 10:55 a.m., Resident 222 was observed sitting in her wheelchair and her eyeglasses were on the bedside table. The right lens was missing from the eyeglasses. The resident stated</p>	F 0685			

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F 0685 SS=D	Continued from page 7 that her eyeglasses have been broken for "several weeks." On May 10, 2023, at 08:52 a.m., Resident 222 was observed sitting in her chair eating breakfast, she was wearing her eyeglasses that were missing the right lens. In an interview at that time, the resident stated she had notified staff that her eyeglasses were broken. Review of facility documentation revealed that the resident requested eye care services on February 23, 2023. There was no documented evidence that the resident received eye care as requested since February 23, 2023. In an interview on May 11, 2023, at 1:45p.m., Assistant Director of Nursing 1 (ADON1) stated that the resident should have been seen for eyecare services prior to May 11, 2023. 28 Pa Code 211.12(d)(1)(3)(5) Nursing services. 28 Pa. Code 211.16(a) Social services.	F 0685			
F 0693 SS=D		F 0693			

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F 0693 SS=D	Continued from page 8 483.25(g)(4)(5) Tube Feeding Mgmt/Restore Eating Skills §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and §483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by:	F 0693	1- R248 with no change in condition at time rate volume was identified. R248 then received the total volume of tube feed per order on 5/9/2023. Physician's order on 5/9/2023 for regular meals with thin liquids. 2- Initial audit of residents' tube feed orders to ensure enteral feeds are provided per physician's order. 3- Director of Education Services or designee will ensure that professional nurses are educated to ensure that residents receive the total volume of enteral feed per physician's order. 4- Director of Nursing or designee will conduct audits of residents' tube feed orders to ensure enteral feeds are provided per physician's order, weekly x 4 then monthly x2. Results of the audits will be reviewed by the QAPI committee.	Completion Date: 06/28/2023 Status: APPROVED Date: 05/23/2023	

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F 0693 SS=D	Continued from page 9 Based on clinical record review, observation, and staff and resident interview, it was determined that the facility failed to provide enteral nutrition (delivery of nutrition by a feeding tube) in accordance with the physician's order for one of 36 sampled residents. (Resident 248) Findings include: Clinical record review revealed that Resident 248 had diagnoses that included stroke, paralysis to the right side, and anorexia. Review of the Minimum Data Set (MDS) assessment dated March 31, 2023, revealed that the resident required extensive assistance for activities of daily living. Further review of the MDS assessment revealed that the resident received more than 51% of nutrition through an enteral feeding tube. A physician's order dated April 25, 2023, directed staff to administer Osmolite 1.5 (a tube feeding formula) at a rate of 100 milliliters (ml) per hour starting at 6:00 p.m., and to continue until a total volume of 1200 ml was infused. On May 9, 2023, at 10:23 a.m., the	F 0693			

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F 0693 SS=D	Continued from page 10 resident was observed in bed. A bottle of tube feed formula was on the pole and was labeled and dated May 8, 2023, at 6:00 p.m. The tube feeding was not infusing at the time of the observation. Formula remained in the bottle, just below the 200 ml line. The bottle contained 1000 ml of formula when full. In an interview on May 9, 2023, at 10:48 a.m., Licensed Practical Nurse 1 (LPN 1), stated that the total volume of tube feed as ordered was typically infused during the night shift and the order required two bottles of tube feed formula. In an interview on May 9, 2023, at 11:05 a.m., Registered Nurse 1 (RN 1), stated that there was no evidence that the resident had refused administration of a second bottle of tube feed formula during the night shift. In an interview on May 9, 2023, at 12:29 p.m., Resident 248 stated that he is awoken during the night shift when staff changed the tube feed bottle and staff did not wake him during the night shift on May 8, 2023, to administer the second bottle of tube feed. There was no evidence that staff administered a second bottle of tube feed formula that would have been required to complete the total	F 0693			

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F 0693 SS=D	Continued from page 11 volume of 1200 ml per the physician's order. In an interview on May 11, 2023, at 8:31 a.m., the Director of Nursing confirmed that staff did not administer the second bottle of tube feed formula to provide the total volume of 1200 ml per the physician's order. 28 Pa. Code 211.12(d)(1)(5) Nursing services.	F 0693			
F 0812 SS=F		F 0812			

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F 0812 SS=F	Continued from page 12 483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:	F 0812	1. Sanitation, food storage, and food dating issues identified were addressed. Facility continues to work with the pest vendor on a regular basis to address any possible winged insect issues. 2. Dining services vendor performed audit of sanitation, food holding logs, food storage, and food dating. Dining services vendor continues to work with pest vendor and will increase use of drain solutions to help mitigate any potential winged insect issues. 3. Educate the appropriate dining services staff on: cleaning schedules and processes, food storage procedures, and food holding procedures. Educate dining managers on appropriate daily audit procedures to note and quickly address any sanitation, food storage, food holding log, and pest issues. 4. Dining Services vendor regional support employee and NHA/designee will conduct random kitchen audits weekly x4 and then monthly x 2. Results will be	Completion Date: 06/28/2023 Status: APPROVED Date: 05/23/2023	

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F 0812 SS=F	Continued from page 13	F 0812	incorporated into the pre-existing dining services vendor transition PIP and results will be reviewed by the QAPI committee.		

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F 0812 SS=F	<p>Continued from page 14</p> <p>Based on observation, it was determined that the facility failed to store and serve food under sanitary conditions in the main kitchen.</p> <p>Findings include:</p> <p>Observation of the main kitchen on May 9, 2023, at 9:22 a.m., revealed the following:</p> <p>The inside of the microwave was soiled. The lids of the bulk bins that contained flour, sugar and thickener powder were soiled. There were various particles of debris on the windowsill and on the bottom shelf in the food preparation area. The base and sides of the floor mixer were soiled. There were multiple particles of debris on the floor of the walk in freezer. There was a bag of frozen omelets that was not sealed and was open to air. There was an uncovered garbage can that contained waste in a food preparation area near uncovered food. There was a large accumulation of an orange substance on the floor at the drain under the pot wash dish machine. There was a large accumulation of small,</p>	F 0812			

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F 0812 SS=F	Continued from page 15 black, winged insects on the racks that contained hot plate hats in the dish washing area. There were containers of fruit salad in the walk in refrigerator with use by dates of April 24 and 25, 2023. There was a mop bucket that contained dirty mop water in the dry storage room. Review of the holding food temperature logs revealed no evidence that staff measured holding food temperatures for the dinner meal on May 1, the lunch meals on May 6, and 8, or the breakfast meals on May 6, 7, 8, of 2023. 28 Pa. Code 201.18 (b)(3) Management.	F 0812			



Certified End Page

CEDARBROOK SENIOR CARE AND REHABILITATION

STATE LICENSE NUMBER: 550102

SURVEY EXIT DATE: 05/11/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in cursive script that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in cursive script that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY